

# CITY OF SANTA BARBARA

Validation:

## ZONING INFORMATION REPORT APPLICATION

### FAX SUBMITTALS

FAX: (805) 897-1904  
PHONE: (805) 564-5470

### U.S. MAIL DELIVERIES

P.O. BOX 1990  
SANTA BARBARA, CA 93102-1990

### FRONT DOOR MAIL SLOT or PLANNING COUNTER

630 GARDEN STREET

PROPERTY OWNERS MAY APPLY FOR A ZIR ON THEIR PROPERTY WHETHER OR NOT THEY ARE IN ESCROW.

NO LATER THAN FIVE (5) DAYS AFTER ENTERING INTO AN "AGREEMENT OF SALE" OF ANY RESIDENTIAL PROPERTY, THE OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE SHALL MAKE APPLICATION TO THE CITY FOR A ZONING INFORMATION REPORT.

DATE: \_\_\_\_\_ NUMBER OF UNITS: \_\_\_\_\_ APN: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_ UNIT# \_\_\_\_\_ S.B., CA \_\_\_\_\_ (ZIP) \_\_\_\_\_

In accordance with the City of Santa Barbara Municipal Code Section §28.87.220, I hereby make application for a Zoning Information Report on the above described property. Zoning Ordinance violations discovered as a result of this report will become a matter of record and shall be promptly corrected. Any claimed nonconforming buildings or uses that are not verified by City records shall be the responsibility of the owner to justify. This report is to be furnished to the buyer or buyer's authorized representative no later than three (3) days prior to consummation of the Transfer of Title. Proof of receipt of a copy of the report shall be obtained by the owner, or the owner's authorized agent, (on the receipt form provided with the report) prior to consummation of the Transfer of Title. Such receipt shall be returned to the Planning Division at the above address no later than consummation of Transfer of Title.

1) \_\_\_\_\_  
AUTHORIZED AGENT (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

(If the owner does not sign application, agent shall print owner's name below).

2) \_\_\_\_\_  
OWNER (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

3) \_\_\_\_\_  
INDICATE ABOVE WITH WHOM A PROPERTY INSPECTION CAN BE MADE. CITY STAFF WILL CALL TO SCHEDULE AN INSPECTION.

DATE ENTERED INTO AGREEMENT OF SALE: \_\_\_\_\_ DATE ESCROW CLOSES: \_\_\_\_\_

FOR TIME EXTENSION INCLUDE PREVIOUS ZIR EXPIRATION DATE HERE: \_\_\_\_\_

### THE FOLLOWING FEES ARE CURRENT AS OF JULY 1, 2005 THROUGH JUNE 30, 2006:

➤ Each Condominium = \$180; ➤ 1<sup>st</sup> Dwelling unit = \$220; ➤ Each additional unit = \$25; ➤ Extension of a valid ZIR = Half of applicable fee; Re-inspection required

➤ Expedited ZIR (if the number of days between date of receipt by our office and the close of escrow is 14 days or less, twice the applicable fee will be charged.)

[Escrows of 14 days or shorter, substantiated by valid escrow instruction, are exempt from the double fee.]

➤ Re-inspection Fee = \$100 [Failure of the owner or agent to be present at the time scheduled for inspection, or failure to provide full access to property, shall result in the assessment of the Reinspection Fee.]

### \*\*\* PLEASE NOTE \*\*\*

Credit Card transactions are limited to a maximum of \$300.

FAX and mail submittals are typically entered into the City's processing system within 24 hours of receipt on regular workdays (this does not include holiday and weekend submittals).

ZIR APPLICATION NUMBER: ZIR200 \_\_\_\_\_

(Cashier to detach along dotted line)

TOTAL FEE: \$ \_\_\_\_\_ CHECK NUMBER (If Applicable): \_\_\_\_\_

CARD TYPE (CHECK ONE): ☐ VISA ☐ MASTERCARD

CARD HOLDER NAME (PLEASE PRINT): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ CARD EXPIRATION DATE: \_\_\_\_\_

CARD APPROVAL NUMBER: \_\_\_\_\_ *Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the card issuer.*

CARD HOLDER SIGNATURE HERE: \_\_\_\_\_